



P.O. Box 2509
Gilbert, AZ 85299-2509

Membership Form

Annual Dues \$35 (Jan-Dec) Make check payable to PAOA
dues paid after Sept. 30th are good through end of following year

- New Member Renewal Membership

Name: _____

Address _____ **City:** _____ **State** _____ **Zip** _____

Phone (hm): _____ **(cell)** _____

Email: _____

Website: _____

Mediums used: (e.g. pastel, oil, watercolor, acrylic, charcoal, graphite, etc.) _____

Specialty: (e.g. Corporate, Public, family, children, adult, personal, pet, etc) _____

Are you a Juried Artist of the Arizona Art Alliance? _____

If yes, through what Art Group? _____

What other Art Groups/Organizations are you a member? (e.g. Portrait Society of America, local art group, etc)

What is your training and/or education in art and portraiture (college, tutelage, workshop, etc):

At what skill level of **portraiture** do you consider yourself?

- Student, beginner
 Amateur (have sold some, but have other job to support myself)
 Professional Portrait Artist (full-time portraitist)
 Other _____

In what areas would you be willing to assist PAOA:

- Graphic Design/Newsletter Art Shows Exhibitions Portrait Studio Sessions Membership Website
 Publicity/Promotion Raffle Drawings Critique Give Demonstrations/Workshops
 Other: _____

Signature _____ Date _____

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For PAOA Use Only: Date Paid _____ Ck # _____ Amount \$ _____ Received by: _____